

RCRIS UNIVERSE MAINTENANCE FORM

GEN

PAD 014291942

EPA ID

P A D 9 8 2 7 0 0 9 4 2

Facility Name Jones Pontiac Honda

Source: N A (S) E

Notification Date 8/3/94

Waste Activity	Type	RCRA Reg Status	RCRA Reg Description
Generator	<u>I</u>	<u>R</u>	
Transporter			
TSD			
Burner			
HWF Market to Blender		HWF Other Market	HWF Burner
OSO Market to Burner		OSO Other Market	OSO Burner
SO ACT:			
Burner Type: Utility Boiler		Industrial Boiler	Furnace
Underground Injection Control:			
Recycler:			
Mode of Transportation: Air <input type="checkbox"/> Rail <input type="checkbox"/> Highway <input type="checkbox"/> Water <input type="checkbox"/>			
Other <input type="checkbox"/>			

Process Code Information

Source E or S (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

<input checked="" type="checkbox"/> IR Inspection report	<input type="checkbox"/> Affidavit from the facility
<input type="checkbox"/> Revised Notification from the state	<input type="checkbox"/> Affidavit from the state
<input type="checkbox"/> Revised Notification from the facility	<input type="checkbox"/> Biennial report
<input type="checkbox"/> EPA clean closure certificate	<input type="checkbox"/> Documentation not required
<input type="checkbox"/> State documentation certifying clean closure	
<input type="checkbox"/> Other	
<p>Date to Data Entry <u>SEP 14 1994</u></p> <p>Batch Number <u>1386</u></p> <p>Date QAd <u>11/16/94</u></p>	

RCRIS UNIVERSE MAINTENANCE FORM

EPA ID

P A D O 1 4 2 9 1 9 4 2

Facility Name

Jones Pontiac Honda

Source: N A (S) E

Notification Date

8/3/94

005
9/23

Waste Activity	Type	RCRA Reg Status	RCRA Reg Description
Generator	<u>2</u>	<u>R</u>	
Transporter			
TSD			
Burner			
HWF Market to Blender		HWF Other Market	HWF Burner
OSO Market to Burner		OSO Other Market	OSO Burner
SO ACT:			
Burner Type: Utility Boiler		Industrial Boiler	Furnace
Underground Injection Control:			
Recycler:			
Mode of Transportation: Air Rail Highway Water			
Other			

Process Code Information

Source E or S (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

<input checked="" type="checkbox"/> IR Inspection report	<input type="checkbox"/> Affidavit from the facility
<input type="checkbox"/> Revised Notification from the state	<input type="checkbox"/> Affidavit from the state
<input type="checkbox"/> Revised Notification from the facility	<input type="checkbox"/> Biennial report
<input type="checkbox"/> EPA clean closure certificate	<input type="checkbox"/> Documentation not required
<input type="checkbox"/> State documentation certifying clean closure	
<input type="checkbox"/> Other	
<p>Date to Data Entry <u>SEP 14 1994</u></p> <p>Batch Number <u>1386</u></p> <p>Date QAd <u>10/7/94</u></p>	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT - HAZARDOUS WASTE
SMALL QUANTITY GENERATOR

Site I.D. PA0014291942 Telephone # (717) 394-0711
 Site Name Jones Pontiac Honda Operator Name SAME
 Address 1335 Mannheim Pike Address "
Lancaster PA 17604 "
 Municipality Lancaster Twn County Lancaster
 Responsible Official _____ Title _____
 Person Interviewed Norm Eshleman Title _____
 Inspector Jim Grabusky Time 1300
 Due Date 08/03/94 Inspection Date 08/03/94 Inspection Type 01 Facility Type 06 Inspector ID 2336 # Violation 00

Are hazardous wastes transported off-site by this generator? Yes X No

If not, license number(s) and expiration dates of transporter(s) PA-PAH0172 8/31/95

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENT	CHAPTER CITATION	LINE NUMBERS
1	2	3	4			
X				Amount of wastes generated per month is within small quantity generator limits. Average waste generated monthly <u>40 gal/no</u>	261.5(a)	H491
X				Amount of waste accumulated is within small quantity generator limits	261.5(d)	H492
X				Hazardous waste determination (262.11)	261.5(g)(1)	H493
X				Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request	262.11(d)	H494
X				Storage within time limit specified (261.5(d))	261.5(g)(2)	H495
X				Manifest system used for off-site transport	262.20(a)	H496

261.5 Indicate below the method of handling of the waste:

- ____ a. Treatment or disposal at permitted on-site facility.
 Permit Number _____ Treatment _____ Disposal _____
- ____ b. Delivered to a PA haz. waste facility. Name of facility: Safety Kleen
Faceless hill PA 19030
- ____ c. Delivered to a PA municipal or residual facility with Form S approval. Name of facility: _____
- ____ d. Delivered to an approved out-of-state facility. Name of facility: _____
- ____ e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: _____

Site name : Jones Pontiac Honda
ID Number : PAD014291942
Date : 08/10/94

Commonwealth of Pennsylvania
Department of Environmental Resources
Bureau of Waste Management
Inspection Report Comments

On Aug 03, 1994, I conducted a (never before inspected) hazardous waste inspection of the facility with Norm Eshleman. The facility is a car dealer split into three buildings.

- Anti-freeze is recycled through American Fluid Technologies.
- Oil filters are crushed and recycled for scrap metal
- Waste oil and transmission fluid are mixed and picked up by Safety Kleen.
- Parts washers are serviced by Safety Kleen.

Drums were being filled with funnels. The funnels did not have lids and they were left in the drums of waste all of the time.

Manifests and receipts were reviewed. Jones Pontiac Honda is combining their hazardous waste for quarterly reports with their paint shop on Loop Rd. Their paint shop is a separate facility with a different PAD number and their quarterly reports should not be combined.

The facility is a small quantity generator of hazardous waste, not a large quantity generator.

RECOMMENDATIONS:

- 1) Keep all drums of waste closed unless they are in the immediate process of being filled.

On 08/09/94, Norm Eshleman called the Department and informed me that they had purchased and received funnels with flip top lids.

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Waste Management Program, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (Signature) Mailed

Date 08/15/94

Inspector (Signature) James Bratton

Date 08/15/94

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY	
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY			
INSTALLATION'S EPA I.D. NO.		RECEIVED	
I. NAME OF INSTALLATION		Facilities Management Section	
II. INSTALLATION MAILING ADDRESS		DEC 11 1984	
III. LOCATION OF INSTALLATION		PLEASE PLACE LABEL IN THIS SPACE	
		U.S. EPA, Region III	
INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).			

FOR OFFICIAL USE ONLY

COMMENTS	
C	

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)	
FPAD014291942												841212	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15										16 17 18 19 20 21 22			

I. NAME OF INSTALLATION

JONES PONTIAC HONDA	
---------------------	--

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX			
31335 MANHEIM PIKE			
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100			
CITY OR TOWN		ST.	ZIP CODE
LANCASTER		PA	17604

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER			
5 SAME			
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100			
CITY OR TOWN		ST.	ZIP CODE
6			

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)		PHONE NO. (area code & no.)	
2 GARLOFF, GENE L - BODY SHOP MGR		717-394-0711	
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER	
8 JAMES JONES	
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL M = NON-FEDERAL	M	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
		<input checked="" type="checkbox"/> A. GENERATION	<input type="checkbox"/> B. TRANSPORTATION (complete item VII)
		<input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
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VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY																
S															T/A	C
W															1	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Gene L. Garloff

NAME & OFFICIAL TITLE (type or print)

GENE L. GARLOFF
BODY SHOP MANAGER

DATE SIGNED

12/3/84

EPA Form 8700-12 (6-80) REVERSE

Send to:

EPA Region 3, Joan Henry (3HW32)
6th & Walnut Streets
Philadelphia, PA 19106

Rich
PAD 01 429 1942

BUREAU OF SOLID WASTE MANAGEMENT
One Ararat Boulevard
Harrisburg, Pennsylvania 17110
(717) 657-4588
May 31, 1985

NOTICE OF VIOLATION

Certified Mail No. 325220

Mr. Jim Jones, Owner
Jones Pontiac Honda
1335 Manheim Pike
Lancaster, PA 17604

Re: Illegal Disposal of Hazardous Waste
Manheim Township, Lancaster County

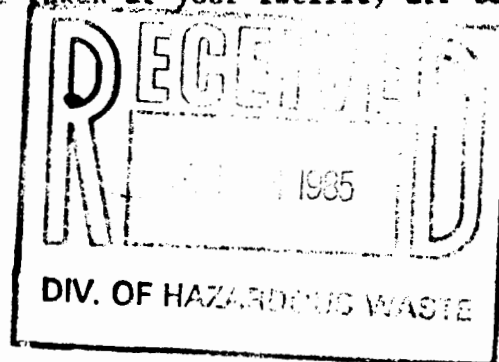
Dear Mr. Jones:

During an investigation conducted at your facility on May 9, 1985, it was discovered that waste lacquer thinner generated at your facility has been dumped onto the surface of the ground. Waste lacquer thinner, which contains toluene, xylene, and acetone, is a listed hazardous waste (F003/F005). Dumping of hazardous waste onto the surface of the ground is in violation of the Solid Waste Management Act, Act of July 7, 1980, P.L. 380, No. 97, 35 P.S. Section 6018.101 et seq. Section 610(1) and Chapter 75 of the Rules and Regulations of the Department of Environmental Resources.

In order to attain compliance with Act 97, you should.

1. Obtain a consultant to evaluate the extent and nature of soil and groundwater contamination at this site. Please submit the name of the selected consultant within five (5) days and submit a work plan for the investigation within two (2) weeks. Clean-up may be required based on the results of this investigation.
2. Please submit within two (2) weeks documentation of the quantity of waste lacquer thinner generated per month and the length of time it was dumped at this site. Any documentation of past disposal practices should be forwarded.

Results of the analysis of a soil sample taken at your facility are being forwarded under separate cover.



This Notice of Violation does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of law arising prior to or after the issuance of this Notice of Violation or the conditions upon which the Notice of Violation was based, nor shall this Notice of Violation be construed so as to waive or impair any rights of the Department of Environmental Resources heretofore or hereafter existing.

If you have any questions concerning this matter, please feel free to contact me.

Sincerely,

Gregory L. Harder
Solid Waste Specialist
Harrisburg Regional Office

GLH:flw

cc: Central Office
Francis P. Fair
File
T



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

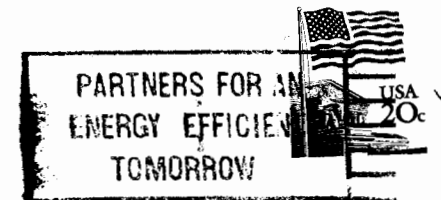
• PAD Q1 429 1942

INSTALLATION ADDRESS

Jones Pontiac Honda
1335 Manheim Pike
Lancaster, PA 17604
Attn: Gene Garloff, Body Shop Mgr

1335 Manheim Pike
Lancaster, PA 17604

HAZCO, INC.
64 Brambling Lane
Voorhees, New Jersey 08043



EPA Region 3, Joan Henry (3HW32)
6th & Walnut Streets
Philadelphia, Pa 19106

IMPORTANT
Contains Hazardous Waste
Disposal Information

